

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020512

FILED JUN 30 1959

Registration District No. 042 Primary Registration District No. 1000 STATE FILE NUMBER Registrar's No. 654

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Meth. Hosp.</u>		Length of stay in 1b <u>2 days</u>	d. STREET ADDRESS <u>Rt #5</u>
3. NAME OF DECEASED (Type or print) First <u>Hattie</u> Middle Last <u>Wright</u>			4. DATE OF DEATH Month <u>June</u> Day <u>19</u> Year <u>1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 23, 1883</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Agency Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. CITIZEN OF WHAT COUNTRY?	
3a. FATHER'S NAME <u>Granfield Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Hubbs</u>	14. NAME OF HUSBAND OR WIFE <u>James Wright (de)</u>
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Virgil Wright</u> Address <u>St. Joseph, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction.</u> DUE TO (b) <u>arteriosclerotic heart disease.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>several</u> <u>years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>6-17-59</u> to <u>6/19/59</u> and last saw ^{her} _{him} alive on <u>6-19-59</u> Death occurred at <u>2:50 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lucien W. Ide</u> (Degree or title)		22b. ADDRESS <u>902 Edward St. Joseph, Mo</u>	22c. DATE SIGNED <u>6-22-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Agency Mo</u>
FUNERAL DIRECTOR <u>Chas. Sapp</u> ADDRESS <u>St. Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 26, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Wm. Clark Goodall</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, ~~only~~, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John E. [Signature]*

Licensed Embalmer No. *30*

P. O. Address *H. Joe*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.